COMMUNITY CARE LICENSING DIVISION

"Promoting Healthy, Safe and Supportive Community Care"



Self-Assessment Guide BEDRIDDEN RESIDENTS



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BEDRIDDEN RESIDENTS IN RCFES

INTRODUCTION

Licensee's who accept or retain bedridden residents must comply with the following information which is contained in CCL Information Release No. 2007-05. The Information Release is available on the CCLD web site at: http://ccl.dss.cahwnet.gov/res/pdf/200704.pdf

This Information Release is effective immediately, and supercedes Community Care Licensing's 2001 SB 1896 Implementation Plan.

Health and Safety (H&S) Code Section 1569.72 (c) allows bedridden persons to be admitted to and retained in RCFEs that secure and maintain an appropriate fire clearance. The CCLD is amending regulation section 87582, (Acceptance and Retention Limitations), to further demonstrate that bedridden persons can be accepted and retained in RCFEs, as provided by law. **An exception is no longer required to admit or retain a bedridden person.**

A bedridden person is someone who requires assistance in turning and repositioning in bed or is unable to independently transfer to and from bed, (this includes residents who do not have the mental capacity to respond to directions to transfer from bed in emergency situations). If a resident receives assistance from facility staff to reposition or transfer but in an emergency situation is able to perform these movements with or without assistive devices, then the resident is not considered to be bedridden.

Bedridden persons can be admitted and retained in RCFEs when the facility has obtained a bedridden fire clearance. The licensee must request a bedridden fire clearance through the licensing office. The licensing office will submit a Fire Safety Inspection Request for a bedridden fire clearance to the local fire authority.

REQUIREMENTS FOR ACCEPTING AND RETAINING BEDRIDDEN RESIDENTS

At a minimum, the licensee must meet the following conditions to accept or retain a bedridden resident:

- 1. Notify the local fire jurisdiction within 48 hours of accepting or retaining a bedridden resident. *H&S Code Section 1569.72 (f).*
- 2. Notify the local fire jurisdiction if it is determined that the resident will be temporarily bedridden beyond 14 days. *H&S Code Section 1569.72(f)*.
- 3. Contact the local licensing office and request an extension if a resident will be temporarily bedridden beyond 14 days. *H&S Code Section 1569.72(e).*
- 4. Contact the local licensing office and request a bedridden fire clearance for residents who are permanently bedridden. *H&S Code Section 1569.72(c)(1).*
- 5. Ensure that a care plan to meet the bedridden resident's needs is developed, followed and updated as the resident's condition changes. This documentation must be accurate and complete. Facility staff must have a working knowledge of and ability to meet the needs identified in a bedridden resident's care plan. H&S Code Section 1569.80(a); CCR Sections 87575(a), 87582(f)(3), 87583(c), 87583.1(a), 87584(a)(4), 87587(a), 87588 and 87591.
- 6. Ensure that staff providing care and supervision to bedridden residents are adequately trained on the appropriate care of bedridden residents, including proper

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- 7. procedures for repositioning residents when necessary, evaluation of skin integrity, appropriate nutritional and fluid intake and use of assistive devices and equipment. H&S Code Sections 1569.62(a), 1569.625(a), 1569.72(e)(3); CCR Sections 87565(c), 87565(d), 87575(f), 87578(a) and 87701.2(b).
- 8. Ensure the presence of awake night staff capable of meeting the repositioning needs of bedridden residents when necessary. CCR Section 87581(a).
- 9. Ensure that access to medical professionals for consultation on bedridden resident care issues is available when necessary. CCR Sections 87575(a)(1), 87583(c)(2) and 87587(b).
- 10. Ensure appropriate equipment or devices are used to make certain that the unique needs of bedridden residents are met. Some examples of supportive equipment or devices include, but are not limited to:
 - Egg-crate mattresses
 - Privacy curtains, if necessary
 - Urinals
 - Heel and Elbow Protectors
 - Over-bed tables
 - Bed pans
 - Partial bed rails
 - Bedside commodes
 - Wheelchairs
 - Vertical Support Bar
 - Trapeze

H&S Code Section 1569.72(b); CCR Sections 87572(a)(2), 87577(a)(2)(A), 87577(a)(3), 87577(c), 87578(a)(5)(A) and 87691(f)(5).

TEMPORARILY BEDRIDDEN RESIDENTS (Less than 14 days)

Persons who are bedridden because of a temporary illness or for recovery from surgery are allowed to be admitted to and retained in RCFEs. These temporary types of conditions may include a bedridden resident who is receiving hospice care. The licensee is not required to request an exception from the licensing agency to accept or retain a temporarily bedridden resident, or to request a bedridden fire clearance. However, every licensee admitting or retaining a bedridden resident, within 48 hours of the resident's admission or retention to the facility, must notify the local fire authority with jurisdiction of the estimated length of time that the resident will retain his or her bedridden status in the facility.

Temporary illness is defined under H & S Code Section 1569.72(d)(1) as any illness which persists for 14 days or less. A terminally ill resident, (as defined in the CCR Section 87101(t)(1) means that the resident has a prognosis by his/her attending

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physician that the resident's life expectancy is six months or less if his/her illness or condition runs its normal course), receiving hospice care who is bedridden for the same time frame (14 days or less) is also considered temporarily bedridden if the resident's bedridden status is expected to last 14 days or less.

Extensions of temporarily bedridden status are allowed for terminally ill hospice residents, the same as for residents with a temporary illness or recovering from surgery, under the legislative requirements listed below.

Extension of Temporary Bedridden Status:

H & S Code Section 1569.72(e) and CCR Section 87582(f) authorize a bedridden resident to be retained in an RCFE in excess of 14 days if the following requirements are met to the Department's satisfaction:

- 1. The licensee notifies the department in writing regarding the resident's temporary bedridden status that is expected to last more than 14 days.
- The licensee submits to the department, with the notification, a physician or surgeon's written statement to the effect that the resident's illness or recovery is of a temporary nature. The statement must contain an estimated date upon which the illness or recovery will end or upon which the resident will no longer be confined to bed.
- 3. The Department determines that the health and safety of the resident is adequately protected in the facility and that transfer to a higher level of care is not necessary.

Procedure for Extension:

A resident's temporary bedridden status may be extended beyond the date of the first request under the following conditions:

- 1. The licensee notifies the department in writing regarding the temporary illness, recovery from surgery, or bedridden status while in hospice care that is expected to last more than the date first estimated beyond the initial 14-day period and provides the following information:
 - A physician or surgeon's written statement to the effect that the resident's illness or recovery *remains* temporary in nature. The statement must contain a *revised* estimated date upon which the bedridden status will end.
 - A statement that the licensee has notified the local fire jurisdiction of the requested extension.
- The Department must determine that the health and safety of the resident is adequately protected in the facility and that transfer to a higher level of care is not necessary. Factors that the Department will consider include, but are not limited to:

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- the resident's plan of care;
- the compliance history of the facility;
- the adequacy of the care; and
- the facility's disaster plan and other safety precautions.

If you have additional questions related to the acceptance and retention of bedridden residents, contact your local licensing office.